

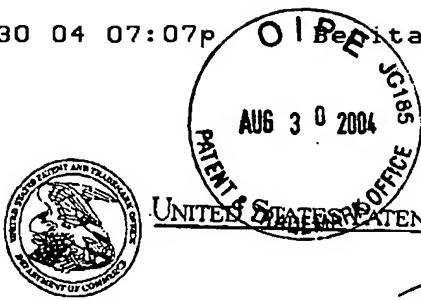
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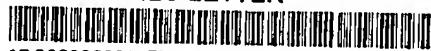
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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/692,311	10/23/2003	Raymond E. Counsel	RM.7DKA

Benita J. Rohm  
ROHM & MONSANTO, P.L.C.  
Suite 1525  
660 Woodward Ave.  
Detroit, MI 48226

CONFIRMATION NO. 8570  
FORMALITIES LETTER



'OC000000011773771'

Date Mailed: 01/28/2004

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted*

### Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 385 to complete the basic filing fee for a small entity.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Additional claim fees of \$295 as a small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

### SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is \$745 for a Small Entity

- \$385 Statutory basic filing fee.
- \$65 Late oath or declaration Surcharge.

• Total additional claim fee(s) for this application is \$295

09/02/2004 EAREGAY1 00000004 500310 10692311

01 FC:2001 385.00 DA  
02 FC:2201 43.00 DA  
03 FC:2202 261.00 DA

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- \$43 for 1 independent claims over 3.
- \$252 for 28 total claims over 20.

Replies should be mailed to: Mail Stop Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

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*A copy of this notice MUST be returned with the reply.*

*THML*

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Customer Service Center  
Initial Patent Examination Division (703) 308-1202

PART I - ATTORNEY/APPLICANT COPY



## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/692,311
		Filing Date	October 23, 2003
		First Named Inventor	Raymond E. Counsell
		Art Unit	1616
		Examiner Name	Undesignated
Total Number of Pages in This Submission		Attorney Docket Number	061807.5000

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request (See Remarks)  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): • Return postcard •
		Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 50-0310.

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Morgan, Lewis & Bockius LLP Jeffry S. Mann	Reg. No. 42,837
Signature		
Date	August 30, 2004	

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Jeannie McCluskey		
Signature		Date	August 30, 2004



# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

## Complete if Known

Application Number	10/692,311
Filing Date	October 23, 2003
First Named Inventor	Raymond E. Counsell
Examiner Name	Undesignated
Art Unit	1616
Attorney Docket No.	061807.5000

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None  
 Deposit Account:

Deposit Account Number

50-0310

Deposit Account Name

Morgan, Lewis & Bockius LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900
Other fee (specify) _____			

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	385
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$385)

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Fee from below	Fee Paid
49	-** =	29	X9 =	252
	-** =	1	X43 =	43
			X =	295

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$295)

\*\*or number previously paid, if greater; For Reissues, see above

(\$1005)

\*Reduced by Basic Filing Fee Paid SUBTOTAL (3)

## SUBMITTED BY

Complete if applicable

Name (Print/Type)	Jeffry S. Mann	Registration No. (Attorney/Agent)	42,837	Telephone	(415) 442-1000
Signature				Date	August 30, 2004

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